

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023826

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

163

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

Washington

Length of stay in 1b

4 wks

c. FULL NAME OF (If NOT in hospital, give location)

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

c. CITY OR TOWN

Villa Ridge Mo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

R.F. D.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

Henry J. Haberberger

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

July 12 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-13-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Villa Ridge, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Haberberger

13b. MOTHER'S MAIDEN NAME

Elizabeth Johannsmann

14. NAME OF HUSBAND OR WIFE

Anna Haberberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Jerome Sirohala Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism post operative (thigh amputation)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1, 63 to July 12, 63 and last saw him alive on July 12, 63. Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Washington Mo

22c. DATE SIGNED

7/13/63

23. BURIAL OR CREMATION, REMOVAL (Specify)

23b. DATE

July 15 1963

23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

23d. LOCATION (City, town, or county)

Villa Ridge, Mo

(State)

24. FUNERAL DIRECTOR

Address

Meiburg & Son Washington

25. DATE RECD. BY LOCAL REG.

7/9/63

26. REGISTRAR'S SIGNATURE

Leola L. Johnson

(Licensed Embalmer - Embalmment on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0365

2 0360

3

4 0

5 2

6

7 0

8 2

9 4500

10

11

12 2-0

13 5-0

0000000000

AUG 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerome F. Swoloda

Licensed Embalmer No.

4507

P. O. Address

Washington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.